

2004 SCHEDULE S SUB  
Supplemental Information  
and Dependents

\*040400430000\*

OFFICIAL USE ONLY

If you fill in any part of this schedule,  
staple it to your D-40.

Your last name  
ABCDEFGHIJKLMN

Your social security number  
123456789

Foreign address Do not abbreviate country name.

Home address (number and street)  
12345ABCDEFGHIJKLMN  
ABCDEFGHIJKLMN

Apartment number  
12ABC

City  
ABCDEFGHIJKLMN

State/Province  
ABCDEFGHIJKLMN

Your daytime phone number  
1234567890

Country  
ABCDEFGHIJKLMN

Postal code  
1234567890

Dependents If you have more than 4 dependents, attach a statement to this schedule listing the name,  
relationship, and social security number of each.

First name  
ABCDEFGHIJKLMN  
Social security number  
123456789

M.I.  
A

Last name  
ABCDEFGHIJKLMN

Relationship  
ABCDEFGHIJKLMN

First name  
ABCDEFGHIJKLMN  
Social security number  
123456789

M.I.  
A

Last name  
ABCDEFGHIJKLMN

Relationship  
ABCDEFGHIJKLMN

First name  
ABCDEFGHIJKLMN  
Social security number  
123456789

M.I.  
A

Last name  
ABCDEFGHIJKLMN

Relationship  
ABCDEFGHIJKLMN

First name  
ABCDEFGHIJKLMN  
Social security number  
123456789

M.I.  
A

Last name  
ABCDEFGHIJKLMN

Relationship  
ABCDEFGHIJKLMN

Head of household filers

SSN of qualifying non-dependent person 123456789

First name of qualifying non-dependent person  
ABCDEFGHIJKLMN

M.I.  
A

Last name  
ABCDEFGHIJKLMN

Income from DC franchise or fiduciary tax return

Name of entity  
ABCDEFGHIJKLMN

Federal employer ID number or SSN  
123456789

Your share of income  
\$ 123456789.00

Name of entity  
ABCDEFGHIJKLMN

Federal employer ID number or SSN  
123456789

Your share of income  
\$ 123456789.00

Your last name **ABCDEFGH**  
Your SSN **123456789**

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**Calculation G** Number of exemptions

Do not attach this schedule to your D-40, if you only filled in Lines a, f, and i of this Calculation and have not filled in any other sections of Schedule S.

a	Enter 1 for yourself and	a	00
b	Enter 1 if you are filing as a head of household and	b	01
c	Enter 1 if you are 65 or over and	c	02
d	Enter 1 if you are blind	d	03
e	Enter number of dependents	e	04
f	Enter 1 for your spouse if married filing jointly or married filing separately on same return	f	05
g	Enter 1 if you are married filing jointly or married filing separately on same return, and your spouse is 65 or over	g	06
h	Enter 1 if you are married filing jointly or married filing separately on same return, and your spouse is blind	h	07
i	Total number of exemptions. Add Lines a - h and enter on D-40, Line 19.	i	08

**Calculation J** Tax computation for married filing separately on same return

Enter separate amounts in each column. Do not combine amounts until you reach Line k.

	You	Your spouse
a Federal adjusted gross income <i>If you and your spouse filed separate federal returns, enter amounts from 1040, Line 34 or 1040A, Line 21. If you and your spouse filed a joint federal return, enter each person's portion of federal adjusted gross income.</i>	a 123456789.00	123456789.00
b Total additions to federal adjusted gross income <i>Enter each person's portion of additions entered on D-40, Line 15.</i>	b 123456789.00	123456789.00
c <b>Add Lines a and b.</b>	c 123456789.00	123456789.00
d Total subtractions from federal adjusted gross income <i>Enter each person's portion of subtractions entered on D-40, Line 13 and 13a.</i>	d 123456789.00	123456789.00
e D.C. adjusted gross income. Subtract Line d from Line c.	e 123456789.00	123456789.00
f Deduction amount. Enter each person's portion of deductions entered on D-40, Line 18. (You may divide this amount any way you like.)	f 123456789.00	123456789.00
g Exemption amount. Enter each person's portion of the exemption amount entered on D-40, Line 20.	g 123456789.00	123456789.00
h <b>Add Lines f and g.</b>	h 123456789.00	123456789.00
i Taxable income. Subtract Line h from Line e.	i 123456789.00	123456789.00
j Tax. If Line j is \$100,000 or less, use tax tables. If more than \$100,000 use Calculation I.	j 123456789.00	123456789.00
k <b>Add the amounts entered on Line j, enter here and on D-40, Line 23.</b>	k 123456789.00	Total tax

**Additional Information from the Federal Form 1040 Schedule A (attach a copy of your federal Schedule A)**

a Medical and Dental Expenses from Schedule A, Line 4	a 123456789.00
b Taxes Paid from Schedule A, Line 9	b 123456789.00
c Interest Paid from Schedule A, Line 14	c 123456789.00
d Gifts to Charity from Schedule A, Line 18	d 123456789.00
e Casualty and Theft Losses from Schedule A, Line 19	e 123456789.00
f Job Expenses and Most Other Miscellaneous Deductions from Schedule A, Line 26	f 123456789.00
g Other Miscellaneous Deductions from Schedule A, Line 27	g 123456789.00